



DHSS Quality Improvement Plan

Assessment: Each Division in the Department was asked to submit 1-3 names of staff that would become members of the Department wide Quality Improvement Committee (see QI Policy for definition of QIC members and their responsibilities). The first meeting of the QIC was spent assessing the Departments culture of quality. The group used NACCHO's Roadmap to QI Culture assessment tool to gauge where the Department currently is with regard to QI. The Roadmap is a general guide to provide direction and identify a non-exhaustive list of tangible strategies and resources for building a culture of QI. The QI Roadmap provides health departments with guidance on progressing through six phases or levels of QI integration; 1) no knowledge of QI; 2) not involved with QI activities; 3) informal or ad-hoc QI activities; 4) formal QI activities implemented in certain areas; 5) formal, agency wide QI; 6) culture of QI. For each phase, the Roadmap presents common organizational characteristics, strategies, and resources for transitioning to the next phase.

The QIC re-assessed the quality of culture in December of 2016. Some of the progress towards forwarding the culture of quality at DHSS over the past year includes:

- Identifying and promoting an online training that all staff are encouraged to take
- Completing a cross divisional QI project
- 62% of DHSS staff having a QI performance expectation
- Purchase of a web based performance management system that helps track performance indicators.

Some barriers to address, include:

- Competing priorities impede interest in QI among leadership and staff.
- Staff members are beginning to understand QI concepts but may not know it by that terminology.
- Staff may be threatened by QI if we are not careful to call it; "fix the problem, not blame the person."
- QI problems are inconsistently addressed; the department tends to be reactive instead of proactive with regards to QI.
- While department programs consistently use data for decision making, some challenges exist with external partners and contractors.
- Redundancies and variations in processes are common.
- Staff infrequently share lessons learned across the department (silo-ed sharing of results).
- Staff may view QI as an added responsibility.
- Advanced QI training is limited.

Based on the results of the assessment in 2016, the QIC determined that DHSS is mostly at a phase 4 of the roadmap, where ad-hoc QI activities are happening in most areas of the Department, and there are some formal QI statewide initiatives in areas of the Department.

The goals and strategies listed below for 2017 were developed to help the Department move into the next Phase of a QI Culture.

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Goal: Increase Employee Empowerment and Commitment to Quality Improvement	
Objectives	Measure
1. By November 2015 increase the number of staff trained in quality improvement from 364 (November count) to 450	Number of Staff Trained in Journey to Improvement. Number of staff that take the Online basic QI course. Number of staff that take the Online Advanced Course (identified below)
2. Increase the number of informal QI projects identified and acknowledged in the Department.	Number of “Just Did It” forms that are received and acknowledged.
3. Identify QI projects to follow and provide guidance on	Number of QI projects identified
Goal: Increase Leadership Commitment to Establishing a Culture of Quality within DHSS	
1. Leaders assess the culture of quality in their unit by using the roadmap.	Training completed
2. Leaders communicate key messages regarding QI to employees.	Survey after training.
Goal: Assure the DHSS Infrastructure leads to a Culture of Quality Improvement	
1. Make basic QI online training a requirement for all DHSS staff.	Policy implemented
2. Make readily available advanced-level trainings and resources to accommodate both new and experienced staff.	Resources identified
3. Require a QI expectation into all staff PerFORMS.	Policy implemented

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Measuring, Monitoring and Reporting: Measuring, monitoring and reporting of progress on the goals and objectives of this plan is the responsibility of the QI Council. Progress will be presented regularly at Executive Management Team meetings.

Progress on the QI Plan should be discussed with the QIC and recommendations for improvement activities should be sought if targets are not being met. Revisions and updates to the Plan should also be discussed and made. The Quality Plan will be updated annually by the QI Council.

Communications: DHSS will communicate its shared vision of quality through consistent messages at Program, Section, Bureau and staff meetings. Linkages between quality improvement and strategic priorities such as strategic planning, public health improvement planning, public health accreditation, empowerment, workforce development, and program evaluation should be communicated by managers at all levels.

All employees are encouraged to communicate messages about Quality through the following mechanisms:

- Monthly Staff Meetings
- Monthly Strategic Planning Team meetings
- Monthly Senior Management Team meetings
- Submissions to the DHSS Snapshot Newsletter
- Presentations at Bureau and Section meetings

Newsletter articles, storyboards, and posters highlighting the progress made by the Division on developing a culture of Quality should be published to help make all employees aware of the role they play in delivering quality services to the public.